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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JEFFREY SIMON,

Plaintiff,

VS.

UNUM LIFE INSURANCE
COMPANY OF AMERICA AND THE
LIPMAN COMPANY dba OPTI-
SOURCE;

Defendants.

CASE NO: 07-CV-02213 WDB

PROOF OF SERVICE OF
SUMMONS AND COMPLAINT
VIA CERTIFIED MAIL RETURN
RECEIPT REQUIRED PURSUANT
TO CALIFORNIA CODE OF CIVIL
PROCEDURE SECTION 415.40 AS
ADOPTED UNDER F.R.C.P. RULE
4(h)(1)

I, Lisa J. Blaylock, hereby declare that, on August 30, 2007, I served Defendant THE LIPMAN COMPANY dba OPTI-SOURCE with the Amended Summons; First Amended Complaint; Amended Notice of Interested Parties; ADR Certification by Parties and Counsel; Notice and Need for ADR Phone Conference; Defendant Life Insurance Company of America's Answer to First Amended Complaint; Joint Initial Case Management Conference Statement; Notice of Recusal; and Reassignment Order pursuant to California Code of Civil Procedure section 415.40 as allowed for and adopted under F.R.C.P. Rule 4(h)(1), by mailing said documents to Merrill Burns, Agent for Service of Process

for Defendant, at 163 Acorn Lane, Colchester, VT 05446 via first class mail, with postage prepaid and requiring a return receipt. Service shall be deemed complete on the tenth day after this mailing.

I declare the above under the penalty of perjury under the laws of the United States of America. Executed this 10th day of September, 2007 at Northridge, California.

Lisa J. Blaylock
LISA J. BLAYLOCK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>Judy Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Merrill Burns 163 Acorn Lane Colchester, VT 05446</p>		<p>B. Received by (Printed Name) <i>Judy Moore</i></p>	<p>C. Date of Delivery 9/11/07</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 3450 0003 8385 1836</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <i>SIMON</i></p>	<p>102595-02-M-1540</p>